
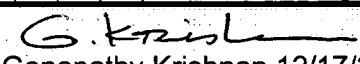
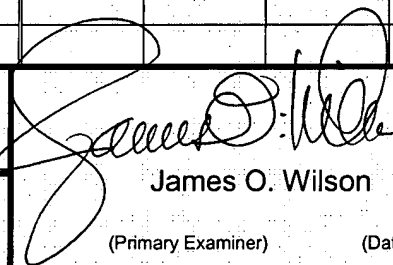
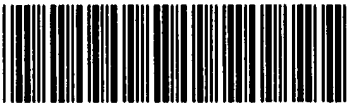
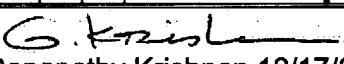
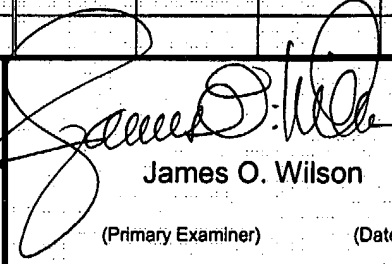


Issue Classification 	Application No.	Applicant(s)	
	09/909,797	DIAZ ET AL.	
	Examiner	Art Unit	
	Ganapathy Krishnan	1623	

ISSUE CLASSIFICATION											
ORIGINAL					CROSS REFERENCE(S)						
CLASS		SUBCLASS			CLASS	SUBCLASS (ONE SUBCLASS PER BLOCK)					
514		56			536	21	124				
INTERNATIONAL CLASSIFICATION											
A	6	1	K	31/727							
C	0	8	B	37/10							
C	0	7	H	1/00							
				/							
				/							
 Ganapathy Krishnan 12/17/2004 (Assistant Examiner) (Date)					 James O. Wilson (Part of the signature is crossed out)					Total Claims Allowed: 67	
(Legal Instruments Examiner) (Date)					(Primary Examiner) (Date)					O.G. Print Claim(s) 1	O.G. Print Fig. 0

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant		<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original	Final	Original	Final	Original	Final	Original
1	1	26	31	47	61	91	121
2	2	27	32	48	62	92	122
3	3	28	33	49	63	93	123
4	4	29	34	50	64	94	124
3	5	30	35	51	65	95	125
4	6	31	36	52	66	96	126
5	7	32	37	53	67	97	127
6	8	33	38	54	68	98	128
7	9	34	39	55	69	99	129
8	10	35	40	56	70	100	130
9	11	36	41	57	71	101	131
10	12	37	42	58	72	102	132
11	13	38	43	59	73	103	133
12	14	39	44	60	74	104	134
13	15	38	45	61	75	105	135
14	16	43	46	62	76	106	136
17	17	47	47	63	77	107	137
18	18	48	48	64	78	108	138
19	19	49	49	65	79	109	139
15	20	50	50	66	80	110	140
16	21	51	51	67	81	111	141
17	22	52	52		82	112	142
18	23	53	53		83	113	143
19	24	54	54		84	114	144
20	25	55	55		85	115	145
21	26	39	56		86	116	146
22	27	40	57		87	117	147
23	28	44	58		88	118	148
24	29	45	59		89	119	149
25	30	46	60		90	120	150
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				/							
				/							
 Ganapathy Krishnan 12/17/2004 (Assistant Examiner) (Date)					 James O. Wilson (Part of the signature is crossed out)					Total Claims Allowed: 67	
(Legal Instruments Examiner) (Date)					(Primary Examiner) (Date)					O.G. Print Claim(s)	O.G. Print Fig.
										1	0

<input type="checkbox"/> Claims renumbered in the same order as presented by applicant										<input type="checkbox"/> CPA		<input type="checkbox"/> T.D.		<input type="checkbox"/> R.1.47	
Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original	Final	Original
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3	3	28	33	49	63		93		123		153		183		
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4	6	31	36	52	66		96		126		156		186		
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6	8	33	38	54	68		98		128		158		188		
7	9	34	39	55	69		99		129		159		189		
8	10	35	40	56	70		100		130		160		190		
9	11	36	41	57	71		101		131		161		191		
10	12	37	42	58	72		102		132		162		192		
11	13	38	43	59	73		103		133		163		193		
12	14	39	44	60	74		104		134		164		194		
13	15	38	45	61	75		105		135		165		195		
14	16	43	46	62	76		106		136		166		196		
17	17	47	47	63	77		107		137		167		197		
18	18	48	48	64	78		108		138		168		198		
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22	27	40	57		87		117		147		177		207		
23	28	44	58		88		118		148		178		208		
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